

OPEN RECORDS REQUEST FORM

FROM:

Name: _____

Address: _____

Telephone No. () _____ - _____ (Home) () _____ - _____ (Work)

() _____ - _____ (FAX)

TO: CUSTODIAN OF RECORDS FOR THE CITY OF KILLEEN

Pursuant to V.T.C.A., Government Code, Section 551.001 *et seq.*, I am requesting certain public records, specifically:

<input type="checkbox"/>	MADE AVAILABLE TO ME FOR EXAMINATION ONLY. I understand that if the documents are not readily available, the custodian may schedule a date and hour within a reasonable time for my examination of the documents. I understand that I must complete my examination within ten days of the date the records are made available to me.
<input type="checkbox"/>	PHOTOCOPIED for my use where the information sought is in the form of paper (see reverse side for charges).
<input type="checkbox"/>	DUPLICATED for my use where the information sought is in the form of audiotapes, videotapes, computer tapes, or other similar recording systems (see reverse for charges)

<input type="checkbox"/>	MAILED to me at the address indicated below. (See reverse side for charges.)
<input type="checkbox"/>	FAXED to me at the number indicated above. (See reverse side for charges.)
<input type="checkbox"/>	PICKED UP by me or my representative at the City Attorney's Office, City Hall, 101 North College, Killeen, Texas 76541.

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available, and the cost of mailing or faxing. In the event the estimated labor costs exceed \$6.00, I agree to pay the estimated labor costs prior to retrieval of the information.

I understand that the City of Killeen may withhold information which is not considered public information under the Texas Open Records Act, accompanying Attorney General opinions, and case law. I also understand that the City of Killeen is required to release only those documents that exist, in their current state, and that the City is not required to compile or create specific information or formats for my use.

_____ Signature Required

To Be Completed by City Personnel Only:

CHARGES PER ITEM	NUMBER	TOTAL
Standard Paper Copy	@ \$.10/per page	\$
Nonstandard-size Copy:		
Diskette	@ \$1.00/each	\$
Magnetic Tape:		
4 mm.	@ \$13.50/each	\$
8 mm.	@ \$12.00/each	\$
9-track	@ \$11.00/each	\$
Data Cartridge:		
2000 Series	@ \$17.50/each	\$
3000 Series	@ \$20.00/each	\$
6000 Series	@ \$25.00/each	\$
9000 Series	@ \$35.00/each	\$
600A	@ \$20.00/each	\$
Tape Cartridge:		
250 MB	@ \$38.00/each	\$
525 MB	@ \$45.00/each	\$
VHS Video Cassette	@ \$2.50/each	\$
Audio Cassette	@ \$1.00/each	\$
Oversized Paper Copy	@ \$.50/each	\$
Mylar: (36-inch, 42-inch, and 48-inch)		
3 mil.	@ \$.85/linear foot	\$
4 mil.	@ \$1.10/linear foot	\$
5 mil.	@ \$1.35/linear foot	\$
Blueline/blueprint paper (all widths)	@ \$.20/linear foot	\$
Other	Actual Cost	\$
Personnel Charge:		
Programming Personnel	@ \$26.00/per hour	\$
Other Personnel	@ \$15.00/per hour	\$
Overhead Charge:	@ 20% of personnel charge	\$
Microfiche or Microfilm Charge:		
Paper Copy	@ \$.10/per page	\$
Fiche or Film Copy	Actual Cost	\$
Remote Document Retrieval Charge	Actual Cost	\$
Computer Resource Charge:		
Mainframe	@ \$10.00/per minute	\$
Midsized	@ \$1.50/per minute	\$
Client/Server	@ \$2.20/per hour	\$
PC or LAN	@ \$1.00/per hour	\$
Miscellaneous Supplies	Actual Cost	\$
Postage/Shipping Charges	Actual Cost	\$
Photographs	Actual Cost	\$
Other Costs	Actual Cost	\$
Outsourced/Contracted Services	Actual Cost	\$
Fax Charges:		
Local	@ \$.10/per page	\$
Long Distance – same area code	@ \$.50/per page	\$
Long Distance – different area code	@ \$1.00/per page	\$
TOTAL CHARGES		\$
No Sales Tax shall be applied to copies of public information.		

To Be Completed by City Personnel Only:

Date Request Received by City:

Method of Payment:

Date of City Response:

Cash:

Date Picked Up:

Check:

Additional Information: